

PATENT APPLICATION SERIAL NO. 10/524463

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

06/03/2005 JANDERSO 00000001 191800 10524463  
Sale Ref: 00000001 DA# 191800 10524463  
01 FC:1617 130.00 DA

02/22/2005 GFREY1 00000063 191800 10524463

01 FC:1631 300.00 DA  
~~02 FC:1632 500.00 DA~~  
03 FC:1633 200.00 DA

Adjustment date: 06/01/2005 MKAYPAGH  
02/22/2005 GFREY1 00000063 191800 10524463  
02 FC:1632 500.00 CR

06/01/2005 MKAYPAGH 00000102 191800 10524463

01 FC:1642 400.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: _____		2 Serial/Patent # <u>10/524463</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
		<input checked="" type="checkbox"/> Filing		<u>2/14/05</u>	\$ <u>100</u>					
		<input type="checkbox"/> Amendment			\$					
		<input type="checkbox"/> Extension of Time			\$					
		<input type="checkbox"/> Notice of Appeal/Appeal			\$					
		<input type="checkbox"/> Petition			\$					
		<input type="checkbox"/> Issue			\$					
		<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$					
		<input type="checkbox"/> Maintenance			\$					
		<input type="checkbox"/> Assignment			\$					
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100</u>						
		8 TO BE REFUNDED BY:								
10 REASON:		<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:								
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">9</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">00</td> </tr> </table>			1	9	--	1	8	00
1	9	--	1	8	00					
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>John Anderson</u>			TITLE: <u>Paralegal Specialist</u>							
SIGNATURE: <u>John F. Anderson</u>			PHONE: <u>308-9140 x 241</u>							
OFFICE: <u>PCF - DO/EO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____			DATE: _____							

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*